



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

August 19, 2004

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED – 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10633810, in amount of \$11,021.62
Account Number 10671176, in amount of \$4,649.72
Account Number 10812952, in amount of \$8,399
Account Number 10673298, in amount of \$9,256.50
Account Number 10818719, in amount of \$4,042.32
Account Number 10699957, in amount of \$15,898.46
Account Number 10653002, in amount of \$4,202.02
Account Number 10704688, in amount of \$5,475.85
Account Number 10625844, in amount of \$4,150.79
Account Number 10819395, in amount of \$7,500
Account Number 10418417, in amount of \$12,062.88

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

FILED
2004 AUG 12 AM 9:35
COUNTY OF LOS ANGELES

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
e:Comp.65

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED AS TO FORM

OFFICE OF THE COUNTY COUNSEL

By 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 65A
DATE: August 19, 2004

Amount of Aid	\$84,969.00	Account Number	10633810
Amount Paid	.00	Client	Minor Male
Balance Due	84,969.00	Service Date	09/22/01 to 10/03/01
Compromise Amount Offered	11,021.62	Facility	LAC USC Medical Center
Amount to be Written Off	\$73,947.38	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$84,969.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,500.00	\$ 7,500.00	25.00%
Advanced Professional Imaging	1,760.00	228.38	.76%
County of Los Angeles	84,969.00	11,021.62	36.74%
Net to Client	N/A	11,250.00	37.50%
Total	\$94,229.00	\$30,000.00	100.00%

Our financial investigation reveals that the client is supported by his parents with a marginal income. They have no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 65B
DATE: August 19, 2004

Amount of Aid	\$38,242.00	Account Number	10671176
Amount Paid	.00	Client	Adult Male
Balance Due	38,242.00	Service Date	03/17/02 to 05/21/02
Compromise Amount Offered	4,649.72	Facility	LAC USC Medical Center
Amount to be Written Off	\$33,592.28	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$38,242.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,250.00	\$ 5,250.00	35.00%
Attorney Cost	1,050.84	1,050.84	7.00%
County of Los Angeles	38,242.00	4,649.72	31.00%
Net to Client	N/A	4,049.44	27.00%
Total	\$44,542.84	\$15,000.00	100.00%

Our financial investigation reveals that the client receives General Relief. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 65C
DATE: August 19, 2004

Amount of Aid	\$39,426.00	Account Number	10812952
Amount Paid	.00	Client	Adult Female
Balance Due	39,426.00	Service Date	12/08/03 to 01/28/04
Compromise Amount Offered	8,399.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$31,027.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$39,426.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	33.33%
City of Los Angeles Ambulance	354.50	100.00	.33%
Brotman Medical Center	5,619.98	1,250.00	4.17%
City of Culver City	739.11	210.00	.70%
Western Radiology	121.00	30.00	.10%
Memorial Pathology	46.00	10.00	.04%
D. Nicol, M.D.	640.00	100.00	.33%
County of Los Angeles	39,426.00	8,399.00	28.00%
Net to Client	N/A	9,901.00	33.33%
Total	\$56,946.59	\$30,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives State Disability insurance. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 65D
DATE: August 19, 2004

Amount of Aid	\$30,410.00	Account Number	10673298
Amount Paid	.00	Client	Adult Male
Balance Due	30,410.00	Service Date	05/05/02 to 05/09/02
Compromise Amount Offered	9,256.50	Facility	LAC USC Medical Center
Amount to be Written Off	\$21,153.50	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$30,410.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$40,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$16,000.00	\$11,000.00	27.50%
Attorney Cost	7,000.00	7,000.00	17.50%
Jon B. Greenfield, M.D.	1,100.00	335.50	.84%
Beverly Radiology	4,625.00	1,408.00	3.52%
County of Los Angeles	30,410.00	9,256.50	23.14%
Net to Client	N/A	11,000.00	27.50%
Total	\$59,135.45	\$40,000.00	100.00%

Our financial investigation reveals that the client is indigent. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 65E
DATE: August 19, 2004

Amount of Aid	\$80,516.00	Account Number	10818719
Amount Paid	.00	Client	Adult Female
Balance Due	80,516.00	Service Date	08/02/03 to 09/29/03
Compromise Amount Offered	4,042.32	Facility	LAC USC Medical Center
Amount to be Written Off	\$76,473.68	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$80,516.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
California Medical Center	15,785.33	792.50	5.28%
Steven Lee, M.D.	625.00	31.38	.21%
Los Angeles Ortho Center	250.00	12.55	.08%
CMCLA Pathology	138.80	6.97	.05%
California Hospital Radiology	1,294.00	64.97	.43%
Metropolitan EM Physicians	169.00	8.48	.06%
Los Angeles City Fire Department	343.25	17.23	.12%
Won R. Yoon, M.D.	470.00	23.60	.16%
County of Los Angeles	80,516.00	4,042.32	26.95%
Net to Client	N/A	5,000.00	33.33%
Total	\$104,591.38	\$15,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 65F
DATE: August 19, 2004

Amount of Aid	\$37,637.00	Account Number	10699957
Amount Paid	.00	Client	Adult Male
Balance Due	37,637.00	Service Date	06/24/02 to 07/22/02
Compromise Amount Offered	15,898.46	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$21,738.54	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$37,637.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$49,999.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$19,999.60	\$19,999.60	40.00%
Attorney Cost	1,080.64	1,080.64	2.16%
Memorial Hospital of Gardena	964.00	964.00	1.92%
County of Los Angeles	37,637.00	15,898.46	31.81%
Net to Client	N/A	12,056.30	24.11%
Total	\$59,681.24	\$49,999.00	100.00%

Our financial investigation reveals that the client is self-employed and supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 65G
DATE: August 19, 2004

Amount of Aid	\$19,046.00	Account Number	10653002
Amount Paid	.00	Client	Adult Male
Balance Due	19,046.00	Service Date	05/30/02 to 06/12/02
Compromise Amount Offered	4,202.02	Facility	LAC USC Medical Center
Amount to be Written Off	\$14,843.98	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$19,046.00. Medi-Cal only covered one outpatient visit.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$ 8,066.84	32.26%
Attorney Cost	799.50	799.50	3.20%
CA EM-IMED SVCS DEPARTMENT	1,705.50	237.00	.95%
West Covina Pathology	89.80	18.75	.07%
Care Chiropractic & Rehab Center	965.20	199.50	.80%
Philip Sobol, M.D.	3,091.04	639.75	2.56%
Isabel Amorim, M.D.	6,266.00	760.37	3.04%
Bejaming Y. Chong, M.D.	700.00	144.75	.58%
Vision Quest Industries, Inc.	1,995.00	144.75	.58%
Comspec	2,261.14	468.00	1.88%
Intercol Collections (for) Cole Ambulance Service	445.25	92.25	.37%
County of Los Angeles	19,046.00	4,202.02	16.81%
Net to Client	N/A	9,226.52	36.90%
Total	\$47,364.43	\$25,000.00	100.00%

Our financial investigation reveals that the client is unemployed, lives with and is supported by his mother. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 65H
DATE: August 19, 2004

Amount of Aid	\$219,552.00	Account Number	10704688
Amount Paid	.00	Client	Adult Male
Balance Due	219,552.00	Service Date	11/17/02 to 01/14/03
Compromise Amount Offered	5,475.85	Facility	LAC USC Medical Center
Amount to be Written Off	\$214,076.15	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a pedestrian versus MTA bus accident. He was treated at LAC USC Medical Center at a cost of \$219,552.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$20,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,666.66	\$ 5,502.80	27.51%
Attorney Cost	3,491.59	3,491.59	17.46%
Archie Mays, M.D.	1,102.60	26.96	.14%
County of Los Angeles	219,552.00	5,475.85	27.38%
Net to Client	N/A	5,502.80	27.51%
Total	\$230,812.85	\$20,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from friends. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 65I
DATE: August 19, 2004

Amount of Aid	\$60,820.00	Account Number	10625844
Amount Paid	.00	Client	Adult Male
Balance Due	60,820.00	Service Date	11/05/01 to 11/15/01
Compromise Amount Offered	4,150.79	Facility	LAC USC Medical Center
Amount to be Written Off	\$56,669.21	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$60,820.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,866.67	\$ 4,866.67	32.45%
Attorney Cost	400.00	400.00	2.66%
Archie Mays, M.D.	10,496.00	715.87	4.77%
County of Los Angeles	60,820.00	4,150.79	27.67%
Net to Client	N/A	4,866.67	32.45%
Total	\$76,582.67	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from Workers' Compensation Benefits. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 65J
DATE: August 19, 2004

Amount of Aid	\$76,834.00	Account Number	10819395
Amount Paid	.00	Client	Adult Male
Balance Due	76,834.00	Service Date	08/21/02 to 01/14/03
Compromise Amount Offered	7,500.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$69,334.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$76,834.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
County of Los Angeles	\$76,834.00	\$ 7,500.00	50.00%
Net to Client	N/A	7,500.00	50.00%
Total	\$76,834.00	\$15,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 65K
DATE: August 19, 2004

Amount of Aid	\$42,436.00	Account Number	10418417
Amount Paid	.00	Client	Adult Male
Balance Due	42,436.00	Service Date	04/20/99 to 11/30/00
Compromise Amount Offered	12,062.88	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$30,373.12	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. He was treated at Harbor UCLA Medical Center at a cost of \$42,436.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$45,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$15,000.00	\$10,562.88	23.47%
Attorney Cost	13,311.35	11,811.35	26.25%
County of Los Angeles	42,436.00	12,062.88	26.81%
Net to Client	N/A	10,562.89	23.47%
Total	\$70,747.35	\$45,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.